

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13	/					
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27	/					
28						
29						
30						
31	/					
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45	/					
46						
47	/					
48						
49						
50						
TOTAL IND.	7	↓		↓		↓
TOTAL DEP.	43	←		←		←
TOTAL CLAIMS	50					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60		3				
61		3				
62		3				
63		3				
64		3				
65		3				
66		1				
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	7	↓		↓		↓
TOTAL DEP.	71	←		←		←
TOTAL CLAIMS	78					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS